

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

Nathaniel Gold

COURT CASE NUMBER

5:11-476-HMH-JRM

DEFENDANT

Lt. Andrew Hayes

TYPE OF PROCESS

CW

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

Andrew Hayes, St. Matthew Police Dept.

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

1813 Bride St St Matthews SC 29135

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Nathaniel Gold
Orangeburg - Calhoun Reg. Dent Center
P.O. Box 9000
Orangeburg, SC, 29116

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

Nathaniel Gold

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

4-28-11

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin
No. 71

District to Serve
No. 71

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

5/7/11

I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

6/7/11

Signature of U.S. Marshal or Deputy

[Signature]

Amount of Refund

800

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

REMARKS:

6/7/11 1st and cert mail @ 11:33 postage - 800

I Declare Under Penalty Of Perjury
That The Foregoing Is True And Correct

1. CLERK OF THE COURT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lt Andrew Hayes
St Matthews Police Dept
1813 Bridge Street
St Matthews, SC 29135

2. Article Number **1F476**
(Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

Lt. Andrew Hayes

C. Date of Delivery

6-7-11

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☒ Yes

7010 2780 0003 1177 7539

Domestic Return Receipt

102595-02-M-1540